

**BEST AVAILABLE COPY**

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10 573402

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51					
2		1						52					
3			1					53					
4			2					54					
5			①					55					
6			②					56					
7			③					57					
8			④					58					
9			⑤					59					
10			⑥					60					
11			⑦					61					
12			⑧					62					
13			⑨					63					
14			⑩					64					
15			⑪					65					
16								66					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	1												
TOTAL DEP.	15	←			←		←		←		←		←
TOTAL CLAIMS	16												